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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

2

Application Number

10/593,767

Filing Date

09/22/2006

First Named Inventor

TROCZYNSKI, Tomasz

Art Unit

Examiner Name

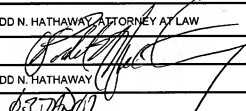
Attorney Docket Number

P06124

ENCLOSURES (Check all that apply)

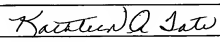
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TODD N. HATHAWAY, ATTORNEY AT LAW		
Signature			
Printed name	TODD N. HATHAWAY		
Date	03/01/07	Reg. No.	32,981

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	1	of	2
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Application Number	10/593,767
Filing Date	09/22/2006
First Named Inventor	TROCZYNSKI, Tomasz
Art Unit	
Examiner Name	
Attorney Docket Number	P06124

[illegible][illegible]

Examiner Signature	/Nina Bhat/	Date Considered	04/01/2009
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with WIPO 609 Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. *Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or WIPO 90104. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	10/593.767
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Filing Date	09/22/2006
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First Named Inventor	TROCZYNSKI, Tomasz
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Art Unit

Examiner Name

Sheet	2	of	2
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Attorney Docket Number	P06124
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NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.
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 T^2

NONE

Examiner
Signature

/Nina Bhat/

Date _____

Considered

04/01/2009

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